



FEDERAL OCCUPATIONAL HEALTH

Instruction Packet for Allergen Immunotherapy

This packet of information is for Federal employees who are interested in receiving allergen injections in a FOH Occupational Health Center. Please note that these forms are for allergen immunotherapy. Forms for other prescribed medications or treatments are found in policy M.69. The following items should be attached to this packet:

Attachment	Title
Attachment A	General Information for Receiving Allergen Immunotherapy
Attachment B	Employee Information for Allergen Immunotherapy
Attachment C	Prescribing Physician Information for Allergen Immunotherapy
Attachment D	Physician Letter – FOH-23 Form: Allergen Immunotherapy, Other Medications & Treatments <u>FOH-23</u>
Attachment E	Physician Treatment Orders – FOH-24 Form <u>FOH-24</u>



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Attachment A: General Information for Employees Receiving Allergen Immunotherapy in the OHC

What the employee must do:	What the physician must do:
<p>Read and sign: Attachment B "Employee Information for Receiving Medications and Treatments Other than Allergen Immunotherapy"</p> <p>Please carefully <u>read and sign</u> this document and return it to the FOH OHC. This signed sheet will be placed in your medical record. A copy will be provided to you upon request.</p> <p>YOU (the employee) return to the OHC the following forms before medications or treatments can be provided:</p> <p>Attachment B "Employee Information".</p> <p>Attachment D "Physician Letter – FOH-23 Form" <u>FOH-23</u></p> <p>Attachment E "Physician Treatment Orders – FOH-24 Form" <u>FOH-24</u></p>	<p>Read: Attachment C: "Prescribing Physician Information Sheet".</p> <p>Read and Sign: Attachment D: "Physician Letter - FOH-23 Form" When signed, this form should be returned to the Occupational Health Center (OHC). This letter verifies that your physician has determined that the employees you may safely receive the medication or treatment in a FOH OHC.</p> <p>Complete and Sign: Attachment E: "Physician Treatment Orders – FOH-24 Form" When completed, this form should be returned to the OHC. This form outlines your physician's specific treatment orders. If a physician chooses to use an alternate form in place of the FOH-24 Form, the following information must be included before treatments/injections are started:</p> <ul style="list-style-type: none"> • Employee's name • Exact name of the medication • Interval of administration • Medication dosage • Reactions that may occur and measure to be taken in the event of a reaction • Route of administration • FOH center address • Date of employee's next appointment at private physician • Physician telephone number • Physician name and signature • Method for handling first injection of multidose vials



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Attachment B: Employee Information for Allergen Immunotherapy

You have asked to receive allergen immunotherapy in the FOH, Occupational Health Center (OHC). By providing this service at your worksite, we can reduce the lost work time and inconvenience of frequent visits to your prescribing physician. Since receiving these injections in the OHC involves a team effort, this information sheet will define the responsibilities of the team members.

The employee's private physician must :	The employee must :	The FOH health care provider must :
Complete and sign the attached physician letter (FOH-23 Form).	Provide the OHC a list of all current medications	Inform the employee 2-3 weeks prior to an allergen extract becoming outdated or needing to be refilled.
Complete and sign the attached physician's order (FOH-24 Form) or provide an alternate form which describes written instructions for administration of injections and treatment of possible reactions.	Inform the OHC staff of any medication changes.	Inform the employee when a physician order (FOH-24 Form) or the physician alternate form needs to be updated.
Administer all build-up and two reaction-free maintenance injections. IF ACLS and fluid resuscitations capabilities are available at the FOH center, only the first three doses are required to be given at the prescribing physician's office.	Make certain all documentation is completed correctly and signed. Obtain allergen extract from the prescribing physician. No outdated extract will be administered in the FOH OHC.	Indicate on Attachment C whether your site has ACLS and fluid resuscitation capabilities. Make a reasonable effort to notify employee 1 week prior to a situation which might prevent administering an allergen injection in a FOH OHC.
	Have the prescribing physician update the physician's order (FOH-24 Form) every 12 months.	Ensure ALL employees remain in the OHC 20 minutes following an allergen injection.
	Remain in the OHC 20 minutes after any allergen is administered.	
	Have the injection site checked by the administering health care provider before leaving the FOH OHC	
	Inform the health care provider regarding any unusual or delayed reaction to an allergen reaction.	

I have read and understand the above responsibilities regarding administration of my allergen injections.

Employee Signature _____ Date _____

To be completed by the Health Care Provider:

Witness Name _____ Date _____



**Attachment C: Prescribing Physician Information
For Allergen Immunotherapy**

The following information is provided to a physician who is requesting the Federal Occupational Health (FOH), to assist in administering a patient's allergen immunotherapy at the worksite. The FOH feels that is a valuable service for both your patient and the patient's employer. However, for you to determine if your treatment orders can safely be administered the following capacity and limitations of our worksite facility should be known.

Most FOH Occupational Health Centers (OHCs) are operated using nurse professionals with Basic Life Support (CPR) certification, and do not have routine physician coverage. Limited emergency drugs (i.e., epinephrine and Benadryl) are maintained, and no **resuscitation equipment is available** in these OHCs. In a limited number of locations, staff are trained in Advanced Cardiac Life Support (ACLS) and have fluid resuscitative equipment.

FOR YOUR REFERENCE:

- ☐ This Health Center has ACLS and fluid resuscitative capabilities
☒ This Health Center does **not** have ACLS/fluid resuscitative capabilities

You may decide that the treatment regimen for your patient does not lend itself to care in our facility. **If this is the case, stop here and advise your patient.** However, if your patient could safely receive allergen immunotherapy at our OHC, there are a number of limitations required by FOH. These are listed below:

1. **A Comprehensively Completed Physician Order (FOH-24 Form).** Medications or treatments can not be administered in an FOH OHC unless there is a complete physician order. Specifically, the order must address the nature and extent of side effects or reactions to be expected, and what, if any action must be taken.
2. **High Risk Patients.** No patient at "high risk" for an adverse reaction to a medication may receive this therapy in a FOH OHC. The following conditions are considered "high risk":
 - Unstable asthma
 - History of previous systemic reaction to allergen immunotherapy
 - History of a high degree of hypersensitivity
 - Use of beta-blocker medications.
3. **If it is determined that your patient has any of the above conditions they will NOT be allowed to receive allergen immunotherapy in a FOH OHC and will be referred back to you, or an emergency treatment facility if appropriate.**

4. **Build-up and Maintenance Dose.** An employee should not receive allergy injections in a FOH OHC until the prescribing physician considers the employee stable and at minimal risk for an allergic reaction. Patients must receive all build-up and at least two maintenance reaction-free injections with the prescribing physician prior to beginning therapy in a FOH OHC, unless ACLS capabilities and fluid resuscitation are available as indicated above. In this case, only 3 reaction-free doses are required to be given in the prescribing physician's office.
5. **Interrupted Dosage Schedule.** Patients are expected to follow the recommended treatment schedule for frequency of injections. When this schedule is interrupted for 4 consecutive weeks, our health care provider will contact you for instructions prior to resuming any injection schedule in a FOH OHC. Interruption ≥ 12 weeks will result in the employee being returned to your office for at least five reaction-free injections prior to resuming any injections schedule in a FOH OHC. The last two doses must be at the maintenance dose that is to be administered in the OHC. IF ACLS and fluid resuscitative capabilities exist at the OHC, only 3 reaction-free doses are required to be given at the prescribing physician's office after a 12-week interruption.
6. **Expected Reactions and Treatments** The physician should outline the expected reactions and provide the appropriate treatment orders for those reactions occurring while in a FOH OHC. Local reactions that require a decrease in dosage, telephone notification, or referral to your office should be clearly written. Any telephone order **REQUIRES** you to provide a signed physician's order within 72 hours. Fax orders are acceptable.
7. **Starting a New Multidose Vial of Allergen Extract.** The first dose from a new multidose vial (maintenance dose) may be given in either the prescribing physician's office or a FOH OHC. The prescribing physician should determine the best location based on the employee's clinical assessment. All treatment orders (FOH-23 Form or alternate) should clearly specify the prescribing physician's decision. These instructions also apply when starting a new box/batch of single-dose allergen extract vials.
8. **Waiting Period After Allergen Injection.** Your patient must wait in our OHC 20 minutes after receiving an allergen injection. Any patient refusing to comply with this policy will be denied allergen immunotherapy services in the FOH OHC.